PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2001									100743					
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY						
TOTAL CLAIMS			70					RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00		
TOTAL CHARGEABLE CLAIMS			70 minus 20=		* 50			X\$ 9=		OR	X\$18=	900		
INDEPENDENT CLAIMS			6 minus 3 =		* 3			X42=		OR	X84=	252		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+140=		OR	+280=	0		
* If the difference in column 1 is less than zero, enter "0" in colum						olumn 2	L	TOTAL		OR	TOTAL	1282		
CLAIMS AS AMENDED - PART II									L	<b>.</b>	OTHER	<u> </u>		
						(Column 3)	) (	SMALL	ENTITY	OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	* <i> </i> //	Minus	** 7	0	=/		X\$ 9=	·	OR	X\$18=			
	Independent * 6 Minus *** 6			, /	<u>[</u>		X42=		OR	X84=				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=.		OR	+280=			
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE			
	<u> </u>	(Column 1)		(Colu		(Column 3)		DD11.1 CC	<u> </u>		ADDI Ç. T EEL			
AMENDMENT 8		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***		-	<b>⋬┟</b>	X42=		OR	X84=			
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDEN	CLAIM			+140=		OB	+280=			
								TOTAL		<b>`</b> ''	TOTAL			
								DDIT. FEE	<u> </u>	OR	ADDIT. FEE			
		(Column 1) CLAIMS		(Colur	EST	(Column 3)		1	ADDI-	ı (		A551		
AMENDMENT C	•	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		2		X\$ 9=		OR	X\$18=			
	Independent	*	Minus	AAA		=-	]	X42=			X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR				
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280= TOTAL			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."														
		ber Previously Pai					er foun	id in the app	propriate box	in cot	umn 1.			

**Application or Docket Number**